

Wyoming Long Term Care Home and Community Based Services Waiver



Consumer Directed Care Option Consumer Agreement

The Consumer Directed Care option provides an alternative service delivery for receiving personal care under the

Wyoming Long Term Care Home and Community-Based

Waiver Services Program (LTC/HCBS)

To participate in this option, you as the consumer are responsible to:

- Obtain written approval from the CARE COORDINATOR to participate in this option.
- Identify on the Consumer Profile (SCD-3) form the services you will direct. This will help establish the number of hours you will need Self Help Assistant waiver services.
- Develop an emergency back up plan that identifies the steps you will follow if your self-help assistant is unable to work as scheduled. Your emergency back up plan may not involve a Medicaid personal care service provider managed through an agency or home health service.
- Participate with the CARE COORDINATOR you have selected to design your plan of care. Your plan will include the hours for needed waiver services. The Aging Division will review and approve services.
- Recruit and hire the self-help assistant that will provide your care. You must assure that they complete and meet the established standard for the required pre-employment background and reference checks.
- Complete employment forms and submit names of self-help assistants to the Department of Family Services for their check of the Central Registry of Child and Adult Protection. The consumer is responsible for the cost of each registry check or other background investigation. Medicaid will not reimburse services provided by individuals whose name is on this registry.
- Develop a training plan for your self-help assistant so they will know how you want your care provided and what you expect from them.

- Follow all procedures established by the Fiscal Services Agent that allows Medicaid to be billed for your self-help assistant services. Misrepresenting information that you submit to the Fiscal Services Agent may constitute fraud. All allegations of fraud are sent to the Wyoming Medicaid Fraud Control Unit for investigation. Payments to service providers are made only when all Medicaid program requirements have been met.
- Comply with all applicable federal, state and local laws and regulations regarding your employment of self-help assistants. Self-help assistants are NOT EMPLOYEES OF THE STATE OF WYOMING, its OFFICERS, AGENTS OR DEPARTMENTS.
- ➤ Cooperate with your CARE COORDINATOR in the renewal of your plan of care. Continued participation in the consumer directed care option requires the plan of care to be renewed by the CARE COORDINATOR every six months.
- ➤ Participate in and successfully complete compliance reviews conducted by the Aging Division or its designee. These reviews are designed to assure that Waiver services are being delivered in accordance with the policies and rules of the Wyoming Department of Health. Failure to comply with rules or policies will lead to termination of your participation in the Consumer Directed Care Program.
- Maintain employee records that include but are not limited to: the employment application; registry, background and reference checks; job description; schedule; timesheets and self-help assistant agreement.
- Allow the CARE COORDINATOR to make a home visit every month and to review your employee files.
- Assume all medical and related liability regarding the delivery of consumer directed services. The State of Wyoming is held harmless for any incidents.

I understand that I will be able to self-direct only the Personal Care portion of my Long Term Care Home and Community Based Waiver services.

I understand that if I choose to participate in the Consumer Directed Care option, I must receive the proper authorizations including a Plan of Care signed by the CARE COORDINATOR and approved by the Department of Health, and follow all waiver program policies and procedures.

All other Medicaid services I am otherwise eligible to receive are provided in accordance with duly promulgated rules.

I understand that choosing to participate in the Consumer Directed Care option does not change my eligibility for other Medicaid programs for which I may be eligible.

If I have questions regarding the Consumer Directed Care option, I will contact my CARE COORDINATOR.

I have read and I understand the responsibilities and conditions listed a	bove.

Consumer Signature	Date	Witness	Date